Practiti ner's Docket No. MPI97-018CP1DV1M

				_	
		A statement:			
		[] is attached. [] was already file	ed on	•	
2. FEE	E FO	R FILING NOTICE	OF APPEAL		
Pu	rsuar	nt to 37 C.F.R. Section	on 1.17(b), the fee	for filing the Appeal Brief is:	
	()	small entity		\$165.00	
(x)		other than a small entity		\$330.00	
			Notic	ce of Appeal fee due	\$330.00
3. EX	KTEN	ISION OF TERM			
Th	e pro	oceedings herein are	for a patent applica	ntion and the provisions of 37 C.F.	R. Section 1.136 apply.
(a)	(X) Applicant petitions for an extension of time under 37 C.F.R. Section 1.136 (fees: 37 C.F Section 1.17(a)(1)-(4)) for the total number of months checked below:				
		Extension (months)	Fee for other than small entity	Fee for small entity	
) () X))	one month two months three months four months five months	\$ 110.00 \$ 420.00 \$ 950.00 \$1,480.00 \$2,010.00	\$ 55.00 \$ 210.00 \$ 475.00 \$ 740.00 \$1,005.00	
			Fee	\$420.00	
final of Application MPEP	ffice ants 706.	action. However, t submit the response 02), and the extensio	he Examiner faile period therefor e n due is for two m	red within the 2 month advantage d to recognize such submission inded on the date of mailing of thoonths.	n the Advisory Action. e Advisory Action (see
110,101	OI, II		·	•	Tuloroto.
(a)		(c) An extension for \$0.00 now request	or months	the next item, if applicable) s has already been secured, and the om the total fee due for the total m Extension fee due with th request	onths of extension

Practiti ner's Docket No. MPI97-018CP1DV1M

November 26, 2003

or (b) [] Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time. or [X] Applicant is requesting an extension of time concurrently herewith. (c) TOTAL FEE DUE The total fee due is: Notice of Appeal fee \$330.00 Extension fee (if any) \$420.00 \$750.00 **TOTAL FEE DUE** 5. FEE PAYMENT () Attached is a check in the sum of \$ (X) Charge Account No. 501668 _ the sum of \$750.00 A duplicate of this transmittal is attached. 6. FEE DEFICIENCY [X] If any additional extension and/or fee is required, this is a request therefor and to charge Account No. 501668 AND/OR [] If any additional fee for claims is required, charge Account No. 501668

MILLENNIUM PHARMACEUTICALS, INC.

Kerri Pollard Schray
Registration No. 47,066
75 Sidney Street
Cambridge, MA 02139
Telephone – (617) 551-3676
Facsimile – (617) 551-8820